

FILED AUG 6 1946

State File No.

Registration District No.

Primary Registration District No.

5236

Registrar's No.

34

1. PLACE OF DEATH

(a) County Cedar  
(b) City or town El Dorado Springs Mo. R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Home Box 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life time  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ULLYSES GRANT BLACK

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married. 2 divorced  
6. (b) Name of husband or wife W. B. OWEN 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased July 22 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Cedar Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name George Black 7  
13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Shirley 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Whitesell

(b) Address El Dorado Springs Mo. R.R. 3

17. (a) Burial (b) Date thereof 7-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forster mo.

18. (a) Signature of funeral director Wm. Carathus

(b) Address El Dorado Springs Mo.

19. (a) 7/13/46 (b) J. C. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town El Dorado Springs Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. #  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1946 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from July 12 1946 to July 12 1946  
that I last saw him alive on July 12, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm. Carathus (M. D. or other) DO  
Address El Dorado Springs Date signed 7-13-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6151 6 T 904

AUG 21 1947

REC-111  
L-46-787  
8-5-46

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Floyd B. Carathers*

Licensed Embalmer No.

*4419*

P. O. Address

*El Dorado Springs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.